

	<p style="text-align: center;">Department of Consumer Affairs 401 S St., Suite 101, Sacramento CA 95814 (916) 322-3400</p> <p style="text-align: center;">COMPLAINT FORM Please use a separate form for each complaint</p>	
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PERSON FILING COMPLAINT (COMPLAINANT)	COMPLAINT FILED AGAINST (RESPONDENT): LICENSE/REG NO
ADDRESS (NUMBER) (STREET)	ADDRESS (NUMBER) (STREET)
(CITY) (STATE) (ZIP CODE)	(CITY) (STATE) (ZIP CODE)
PHONE WHERE YOU CAN BE REACHED (8AM-5PM)	PHONE NUMBER
DO YOU WANT TO REMAIN ANONYMOUS? <input type="checkbox"/> YES <input type="checkbox"/> NO	PERSON DEALT WITH

PLEASE SPECIFY TYPE OF COMPLAINT

- | | | |
|---|--|-------------------------------------|
| <input type="checkbox"/> AUTOMOTIVE REPAIR | <input type="checkbox"/> BURGLAR ALARM COMPANY | <input type="checkbox"/> CEMETERY |
| <input type="checkbox"/> ELECTRONIC AND/OR APPLIANCE REPAIR | <input type="checkbox"/> FIREARMS/BATON TRAINING FACILITY/INSTRUCTOR | <input type="checkbox"/> FUNERAL |
| <input type="checkbox"/> HOME FURNISHINGS OR THERMAL INSULATION | <input type="checkbox"/> LOCKSMITH <input type="checkbox"/> PRIVATE INVESTIGATOR <input type="checkbox"/> PRIVATE SECURITY COMPANY | |
| <input type="checkbox"/> REPOSSESSION AGENCY | <input type="checkbox"/> SECURITY GUARD / FIREARM | <input type="checkbox"/> SMOG CHECK |
| <input type="checkbox"/> OTHER: _____ | | |

PRODUCT/MODEL/YEAR OF VEHICLE/ITEM OF CONCERN	DATE OF REPAIR/SERVICE
BRIEFLY DESCRIBE YOUR COMPLAINT (BE SPECIFIC -- WHO, WHAT, WHEN, WHERE, HOW) (USE ADDITIONAL PAPER IF NEEDED)	
WHAT DO YOU WANT THE PERSON OR COMPANY TO DO TO SATISFY YOUR COMPLAINT?	

READ THE FOLLOWING BEFORE SIGNING BELOW

PLEASE ATTACH TO THIS FORM COPIES OF ANY PAPERS INVOLVED (CONTRACTS, BILLS RECEIVED, CORRESPONDENCE, INVOICES, ESTIMATES, ETC.). PAPERWORK RECEIVED WILL NOT BE COPIED AND/OR RETURNED.

I HEREBY CERTIFY UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT TO THE BEST OF MY KNOWLEDGE ALL OF THE ABOVE STATEMENTS ARE CORRECT.

SIGNATURE _____ DATE _____